

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748098** (1)

1. Corporation Name

THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.



Principal Place of Business

Mailing Address

**5820 SW 111 TERRACE
MIAMI FL 33156
US**

**5820 SW 111 TERRACE
MIAMI FL 33156
US**

3. Date Incorporated or Qualified

07/17/1979

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2038137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, SUSAN A
5820 SW 111 TERRACE
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Susan A. Alvarez

Susan A. Alvarez, Treasurer

1/23/96

Signature typed or printed name of registered agent (11b) if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRACEY, MOLRINE	
STREET ADDRESS	8637 WINDSOR DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, ESTELA	
STREET ADDRESS	4737 SW 135 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOUTAMIRE, BARBAR	
STREET ADDRESS	P O BOX 12097 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALVAREZ, SUSAN	
STREET ADDRESS	5820 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MELA, NANCY	
STREET ADDRESS	14602 GILLIGANS WAY #4	
CITY-ST-ZIP	TAMPA FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	PUSTAI, BILLIE	
STREET ADDRESS	8101 SW 73 AVENUE, #32	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Garcia-McDougal, Estela	
13 STREET ADDRESS	4737 SW 135 CT	
14 CITY-ST-ZIP	Miami, FL 33175	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Montes, Silvia	
23 STREET ADDRESS	225 Coble Dr	
24 CITY-ST-ZIP	Longwood, FL 32779	
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Tracey, Molrine	
33 STREET ADDRESS	8637 Windsor Drive	
34 CITY-ST-ZIP	Miramar, FL 33025	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kiely, Vivian	
53 STREET ADDRESS	500 SW 47 Avenue	
54 CITY-ST-ZIP	Miami, FL 33134	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan A. Alvarez

Susan A. Alvarez 1/23/96

585-6184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)